

# LEAVE FORM UPON RETURN

THIS FORM MUST BE SIGNED AND RETURNED TO THE PRINCIPAL'S OFFICE THE FIRST DAY YOU RETURN TO SCHOOL. THE FORM MUST BE IN OFFICE BEFORE THE END OF EACH PAY PERIOD TO AVOID PAY DEDUCTION.

NAME:

SIGNATURE: \_\_\_\_\_

DATE(S) ABSENT:

TOTAL DAYS ABSENT:

CHECK TYPE OF LEAVE BENEFIT FROM THE FOLLOWING:

SICK LEAVE:

TYPE OF SICK LEAVE USED:

ILLNESS/APPOINTMENT

\*If not personal illness/appointment, please indicate below

FUNERAL LEAVE

\*Please explain relationship to deceased below (to determine eligible number of days permitted)

Additional Information:

PERSONAL LEAVE

ASSOCIATION/CTO LEAVE

PROFESSIONAL LEAVE

VACATION

SUBSTITUTE(S) EMPLOYED:

NAME:

DATE:

NAME:

DATE:

NAME:

DATE:

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date